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I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 CFR §1.8 on the below date:

Date: February 18, 2009 Name: C. Noel Kaman, Reg. No. 61,857 Signature: /C. Noel Kaman/

Case No. 10466/129
Client Ref. No. P2548P1C10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Baker, et al.

Examiner: David J. Blanchard

Serial No.: 09/943,780

Group Art No.: 1643

Filed: August 30, 2001

Confirm. No.: 2570

For: SECRETED AND TRANSMEMBRANE
 POLYPEPTIDES AND NUCLEIC ACIDS
 ENCODING THE SAME

PETITION AND FEE FOR EXTENSION OF TIME (37 CFR § 1.136(a))

Commissioner for Patents
 PO Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This is a petition for an extension of the time to respond to the Notice of Appeal dated November 18, 2008 for a period of 1 month(s).

Applicant is: ☐ small entity (per 37 CFR 1.27) ☒ other than small entity

	<u>Extension Months</u>	<u>Other Than Small Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/>	One Month	\$130.00	\$65.00
<input type="checkbox"/>	Two Months	\$490.00	\$245.00
<input type="checkbox"/>	Three Months	\$1,110.00	\$555.00
<input type="checkbox"/>	Four Months	\$1,730.00	\$865.00
<input type="checkbox"/>	Five Months	\$2,350.00	\$1,175.00

Payment Method:

- ☐ Check in the amount of \$_____ is enclosed to cover the fees listed above.
- ☐ Payment by credit card in the amount of \$_____ to cover the fees listed above. Form PTO-2038 is enclosed for this purpose.
- ☒ The Commissioner is hereby authorized to charge \$130 to cover the fees listed above to Deposit Account No. 23-1925. If filed by mail, a duplicate copy of this paper is enclosed for this purpose.
- ☒ The Commissioner is hereby authorized to charge any deficiencies in fees or credit overpayment to Deposit Account No. 23-1925. If filed by mail, a duplicate copy of this paper is enclosed for this purpose.

Respectfully submitted,

Dated: February 18, 2009

/C. Noel Kaman/
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